

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/592,171	FILING DATE 07-13-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8	1						58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19							69	
20							70	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	16	←		←		←	TOTAL DEP.	←
TOTAL CLAIMS	18						TOTAL CLAIMS	